

**Charlotte-Mecklenburg Continuum of Care
2018 Renewal Projects
Request for Letter of Interest Form**

Agency:

Contact Person name & email:

Renewal Projects (currently receiving 2017 CoC funds)

Project Name(s):

Project Type:

☐ ***Permanent Supportive Housing***

☐ ***Rapid ReHousing***

☐ ***HMIS***

☐ ***Coordinated Entry***

Will you be proposing any implementation changes to the current project? If yes, describe.

Will you be applying for a new project to expand this CoC funded project?

☐ ***yes*** ☐ ***no***